

**POWER OF ATTORNEY OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the patent and/or application identified herein.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000040401 for the patent(s)/application(s) identified herein. Practitioner Under Customer No.: Abraham HersHKovitz, Reg. No. 45,294

☒ Please change the correspondence address for the patent and/or application identified below to:

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I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest in the patent and/or application identified herein. See 37 CFR §3.71.

☒ Statement under 37 CFR 3.73(b):

The documentary evidence of a chain of title from the original owner to the Assignee of the patent and/or application identified below, as recorded in the Assignment records of the Office ☒ is as follows:

An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office from the inventor to Bringwell International AB at Reel 022578, Frame 0745 on February 27, 2009. Bringwell International AB then assigned their rights to Scandinavian Clinical Nutrition I Sverige AB at Reel 022615, Frame 0917 on April 29, 2009.

☐ is attached hereto on a separate page.

Application Number	Filing Date	Patent Number	Issue Date
10/585,546	March 2, 2009		

Signature of Applicant or Assignee of Record

The individual whose signature appears below is the Applicant/Inventor, or is authorized to act on behalf of Assignee, in the patent/application identified herein.

Printed Name and Title of Signatory (if acting for Assignee)	EMILIO VITALI ROSATI CEO		
Signature	STOCKHOLM	Date	07/9 2011

Additional Pages Attached: _____